

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-03-19
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-04-17

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: Medical 21st Century Revenue Improvement and Systems Enhancements - 2012 (RISE)

2. Unique Investment Identifier (Ull): 029-555555189

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The current Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) and Accounts Receivable (AR) applications do not provide adequate technological support to implement automated, industry-standard billing office processes and business technologies, such as those found in private sector healthcare organizations. Current billing and AR activities continue to rely heavily on manual intervention enabling human error and disparate systems to support the numerous activities associated with providing care for veterans, billing and collecting for non service-connected care. Due to a lack of automation and interoperability, the current financial systems hinder process efficiencies, prevent potential revenue collection, and are incompatible with the future HealtheVet architecture. The Revenue Improvement and Systems Enhancements (RISE) Program will implement a new patient accounting financial system and re-engineered business processes to meet the current and future needs of VHA's revenue program. Full implementation of this program is projected to save more than \$1 billion over 10 years. The increased income can generate future investments internal to the VA. This program would satisfy the Congressional Mandate, 107th Congress, House of Representatives; Report 107-272, November 6, 2001, and address material weaknesses as identified by the Office of the Inspector General (OIG) in the current IB and AR applications. The implementation of

each RISE application will increase revenue and reduce costs, which will become of growing value to VA as pressure on agency funding intensifies. There are no dependencies between this investment and other investments.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

Replacing the current billing, accounts receivable, and Application Data Type applications will modernize the systems that support the revenue cycle allowing for an open interface with current VistA systems, re-engineered HealthVet systems, data stores (e.g. Health Data Repository) and external entities. With the implementation of a configurable state of the art COTS product, the VHA's Revenue Program will -Provide the flexibility to adapt to changes in the business environment in a timely manner through the adaptation of technical improvements (e.g. cloud computing) -Automate the manual processes and interventions that will enhance the VHA's ability to maximize efficiency in financial management processes utilizing work lists that promote standard follow up within mandated timeframes, reducing denials and eliminating rework, resulting in increased consistency among medical facilities and in the measurement of financial operations -Improve data integrity through automated interfaces and enhanced verification and validation protocols -Improve reliability of data collection, standardization and trending-Enhance and improve results reporting to more effectively communicate complex data to decision makers and comply with regulatory reporting requirements -Automate communications with external applications, eliminating manual intervention -Support an integrated revenue collection system -Proactively share data with private organizations and outside government agencies such as Department of Defense and the Public Health System -Early capture of missing data information -Automate service connected designation , data collection and error checking throughout the process prior to billing -Provide real-time claims data and status. RISE will provide timely access to a veteran's overall status and classification of treatment guiding decisions on how best to classify, track and collect and will ensure that the VA receives the funds that are due for services rendered, ensures that management has the full record and can tell a story, can benchmark continually against goals and industry best practices, identify and manage trends and illustrate relationships between key performance indicators. Little or no IT funding threatens the program and VHA's ability to implement a patient financial system to reduce cost, increase revenue and improve cash flow going against a the congressional mandate along with increasing the program costs and threatening the program schedule.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Planning and Analysis phases are complete for the Integrated Billing Broker, National Insurance File, Charge Description Master Analysis Tool, Enterprise Workflow Management Engine and the Revenue System. The Program is in pause due to a lack of an OIT Program Manager and zero FY2011 IT dollars.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

Due to the project being in a "pause" phase because of lack of and/or no funding; and no dedicated IT project manager CY2012 accomplishments are limited to a completed Acquisition Plan. RISE is awaiting the solicitation and award of the National Insurance File (NIF) contract. Planned accomplishments BY2013- Due to zero IT funding project is in a "pause" phase and will conduct a strategic review and reassignment.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2009-06-10

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$9.0	\$0.0	\$1.1	\$0.0
DME (Including Planning) Govt. FTEs:	\$0.1	\$0.0	\$0.0	\$0.0
Sub-Total DME (Including Govt. FTE):	\$9.1	0	\$1.1	0
O & M Costs:	\$0.0	\$0.0	\$0.0	\$0.0
O & M Govt. FTEs:	\$0.0	\$0.0	\$0.0	\$0.0
Sub-Total O & M Costs (Including Govt. FTE):	0	0	0	0
Total Cost (Including Govt. FTE):	\$9.1	0	\$1.1	0
Total Govt. FTE costs:	\$0.1	0	0	0
# of FTE rep by costs:	0	0	0	0
Total change from prior year final President's Budget (\$)		\$0.0	\$-2.0	
Total change from prior year final President's Budget (%)			-64.24%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The program funding request for FY11 based on an updated comprehensive Cost Benefit Analysis was \$38.239M we received 0 IT funding in 2011. The program will fail to meet full operational capability (FOC) in FY15. The program's strategy is to implement a proof of concept COTS product which will require various up-front expenditures for product licensure. We cannot yet determine how reduced funding will impact the purchase of this required license and whether this will delay FOC by several years.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
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NONE

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-03-19

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1109150815	RISE - National Insurance File (NIF)	Acquisition and implementation of a National Insurance File (NIF) database and data management tools that communicates patient insurance data between VistA applications, client systems, databases and the future patient accounting system.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1109150815	RISE - National Insurance File (NIF)							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
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NONE

Section C: Operational Data

Table II.C.1 Performance Metrics								
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency

NONE